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		Application Number	normation unless it displays a valid OMB control number.				
TRANSMITTAL			09/995,588				
FORM		Filing Date	November 30, 2001				
(to be used for all correspondence after initial filing)		First Named Inventor	Glenn J. Dorin				
(10 De useu foi all correspondence after initial filling)		Group Art Unit	1653				
Total Number of Pages in This Submission 1		Examiner Name	Unknown				
This Submission	on 1	Attorney Docket Number	012441.00013				
		SURES (check all that apply)	390				
Fee Transmittal Form	Assignr (for an A	nent Papers <i>pplication)</i>	After Allowance Communication to Group				
Fee Attached Drawing		g(s)	Appeal Communication to Board of Appeals and Interferences				
Amendment / Response	Licensi	ng-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final	Petition		Proprietary Information				
Affidavits/declaration(s)	Petition Provision	to Convert to a nal Application	Status Letter				
Extension of Time Request Power of Change		f Attorney, Revocation of Correspondence Address	Other Enclosure(s) (please identify below):				
Express Abandonment Request		l Disclaimer for Refund	Supplemental Application Data Sheet				
Information Division		nber of CD(s)					
Certified Copy of Priority Document(s) Remark							
Response to Missing Parts/ Incomplete Application			10				
Response to Missing Parts under 37 CFR 1.52 or 1.53			RECE APR 1				
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Date April 4, 2002							
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Supplemental Application Data Sheet

Application Information

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	•
Suggested Group Art Unit::	1653
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Formulation, Solubilization, Purification, and
Attorney Docket Number::	Refolding of Tissue Factor Pathway Inhibitor 012441.00013
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	34
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?	NO

Applicant Information

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

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Country of mailing address::

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Family Name:: Arve

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Status::

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[HOBA] Hora

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State or Province of mailing address::

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Country of mailing address::

Postal or Zip Code of mailing address:: 94608

Applicant Authority Type::

Inventor

Primary Citizenship Country::

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Status::Enter

Full Capacity

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Middle Name::

Family Name::

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Name Suffix::

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State or Province of Residence::

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Country of Residence::

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State or Province of mailing address::

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Country of mailing address::

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Primary Citizenship Country::

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Family Name::

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Name Suffix::

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State or Province of Residence::

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Country of mailing address::

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Status:: Full Capacity

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Primary Citizenship Country:: US

Status:: Full Capacity

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Country of mailing address::

Postal or Zip Code of mailing address:: 94608

Correspondence Information

Correspondence Customer Number::

22907

Representative Information

Representative Customer Number::

22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/443,099	11/18/99
09/443,099	Division of	09/973,211	06/11/99
09/973,211	National Stage of	PCT/US96/09980	06/07/96
PCT/US96/09980	Continuation-in-Part of	08/473,668	06/07/95
08/473,668	Continuation-in-Part of	08/477,677	06/07/95

Foreign Priority Information

Country::	Application number::	Filing Detail	
	Typilodion namber	Filing Date::	Priority Claimed::
		<u> </u>	ł
	į		

Assignee Information

Assignee name::

Chiron Corporation

Street of mailing address::

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City of mailing address::

Emeryville

State or Province of mailing address::

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Country of mailing address::

Postal or Zip Code of mailing address:: 94608

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City of mailing address::

Skokie

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IL

Country of mailing address::

Postal or Zip Code of mailing address::

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